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FEC FORM 2

STATEMENT OF CANDIDACY

| | e of Candidate (in full) | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------|---------------|---------------|------------------|-------------------------------------------------|---------------|---------------|-----------------|--|
| | Ostran, Cort, , , | | | | | 100 " | | | | |
| | (b) Address (number and street) ☐ Check if address changed PO Box 16041 | | | | | Candidate's FEC Identification Number H8MO02208 | | | | |
| (c) City, S | State, and ZIP Code | | | | | 3. Is This | | ew | Amended | |
| Clay | | | MO | 6310 | 5 | Staten | nent X (N | N) OR | (A) | |
| 4. Party Affi | | 5. Office Sought | | | 6. State & Dist | | date | | | |
| DEMOC | RATIC PARTY | House | | | MO | 02 | | | | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election) | | | | | | | | | | |
| NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | |
| (a) Name | of Committee (in full) | | | | | | | | | |
| Co | rt VanOstran for | Congress | | | | | | | | |
| | | | | | | | | | | |
| | ess (number and street) Box 16041 | | | | | | | | | |
| (c) City, S | State, and ZIP Code | | | | | | | | | |
| Cla | yton | | | | MO | 63105 | 5 | | | |
| | | | | | | | | | | |
| | DI | SIGNATION | OE OTH | IED ALIT | TUODIZED | COMMIT | TEES | | | |
| | Di | | | | | | IEES | | | |
| (Including Joint Fundraising Representatives) | | | | | | | | | | |
| 8. I hereby a | authorize the following nai y. | ned committee, wh | nich is NOT | my principa | al campaign cor | mmittee, to re | eceive and ex | pend funds | on behalf of my | |
| NOTE: Th | his designation should be | filed with the princi | pal campai | gn committe | ee. | | | | | |
| (a) Name of Committee (in full) | | | | | | | | | | |
| , | , , | | | | | | | | | |
| | | | | | | | | | | |
| (b) Addre | ess (number and street) | | | | | | | | | |
| | | | | | | | | | | |
| (-) Oit - O | 24-4 1 710 0 - 1 - | | | | | | | | | |
| (c) City, S | State, and ZIP Code | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | I certify that I have exa | amined this Statem | nent and to t | the best of i | my knowledge a | and belief it is | true, correct | and comp | lete. | |
| Signature of Candidate | | | | | | Date | | | | |
| VanOstran, Cort, , , | | | CCI . | | 07/14/2017 | | | | | |
| | | | | [Elect | ronically Filed] | 07714720 | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| NOTE: Subn | mission of false, erroneous | s, or incomplete info | ormation ma | ay subject t | he person signi | ng this State | ment to penal | Ities of 2 U. | S.C. §437g. | |
| NOTE: Subn | nission of false, erroneous | s, or incomplete info | ormation ma | ay subject t | he person signi | ng this Stater | ment to penal | Ities of 2 U. | S.C. §437g. | |
| NOTE: Subn | nission of false, erroneous | s, or incomplete info | ormation ma | ay subject t | he person signi | ng this Stater | ment to pena | Ities of 2 U. | S.C. §437g. | |

FEC FORM 2 (REV. 02/2009)